



## CONTRACTORS STATE LICENSE BOARD

9835 GOETHE ROAD, SACRAMENTO, CALIFORNIA  
MAILING ADDRESS: P.O. BOX 26000  
SACRAMENTO, CALIFORNIA 95826  
(916) 255-3900



## APPLICATION TO REPORT CURRENT OFFICERS OF A CORPORATION

### NO FEE REQUIRED

PLEASE NOTE: Only Return This Application If There Has Been A Change In The Officers Currently Listed On Our Records, Or If The Current Officers Listed Have Changed Their Titles Or Residential Addresses.

THIS FORM CANNOT BE USED TO CHANGE OR DISASSOCIATE A RESPONSIBLE MANAGING OFFICER OR EMPLOYEE  
(Use Forms 13A-2 and 13M-5 For These Changes)

OFFICE USE ONLY
P.T. INITIALS:
EFFECTIVE DATE:
PROCESSED DATE:

**Complete Both Sides Of This Form; Incomplete Applications Are Not Acceptable And Will Be Returned To You.**  
**Please Type Or Print In Ink; Forms Completed In Pencil Are Not Acceptable.**

1. LICENSE NUMBER	2. CORPORATE NUMBER	3. DAYTIME BUSINESS TELEPHONE NUMBER ( )	4. EVENING TELEPHONE NUMBER ( )
5. FULL NAME OF BUSINESS (as it currently appears on the records of the CSLB)			
6. BUSINESS MAILING ADDRESS (Number/Street or P.O. Box)		CITY	STATE ZIP CODE
IS THIS A CHANGE OF ADDRESS? YES [ ] NO [ ]			
<b>IF THE BUSINESS MAILING ADDRESS IS A P.O. BOX, YOU MUST ALSO PROVIDE THE STREET ADDRESS OF THE BUSINESS. THE STREET ADDRESS WILL BE PUBLIC INFORMATION.</b>			
7. BUSINESS STREET ADDRESS (Number/Street)		CITY	STATE ZIP CODE

8. **LIST ALL CURRENT OFFICERS** that are to appear on this license. Show **FULL LEGAL NAMES, NO INITIALS**; if your legal name contains initials only, so state. **P.O. BOXES/GENERAL DELIVERY/AND RT are NOT ACCEPTABLE** for residential addresses, **SHOW NAME OF ROAD OR DISTRICT AND NEAREST CROSS STREETS**. If an officer is currently listed on CSLB records, but is not listed below, they will be removed as a current officer of the corporation.

NAME Last First Middle	Date of Birth-mo/day/yr	Corporate Title	OFFICE USE ONLY
RESIDENCE ADDRESS: Number/Street City State		ZIP Code Social Security No.	Driver's License No.
NAME Last First Middle		Date of Birth-mo/day/yr Corporate Title	OFFICE USE ONLY
RESIDENCE ADDRESS: Number/Street City State		ZIP Code Social Security No.	Driver's License No.
NAME Last First Middle		Date of Birth-mo/day/yr Corporate Title	OFFICE USE ONLY
RESIDENCE ADDRESS: Number/Street City State		ZIP Code Social Security No.	Driver's License No.
NAME Last First Middle		Date of Birth-mo/day/yr Corporate Title	OFFICE USE ONLY
RESIDENCE ADDRESS: Number/Street City State		ZIP Code Social Security No.	Driver's License No.
NAME Last First Middle		Date of Birth-mo/day/yr Corporate Title	OFFICE USE ONLY
RESIDENCE ADDRESS: Number/Street City State		ZIP Code Social Security No.	Driver's License No.
NAME Last First Middle		Date of Birth-mo/day/yr Corporate Title	OFFICE USE ONLY
RESIDENCE ADDRESS: Number/Street City State		ZIP Code Social Security No.	Driver's License No.

THE FOLLOWING QUESTIONS PERTAIN TO EACH NEW MEMBER OF THE PERSONNEL. EACH QUESTION MUST BE ANSWERED. AFFIRMATIVE ANSWERS MUST BE SUPPORTED BY A DETAILED STATEMENT FROM THE NEW MEMBER.

9. Are there now any unpaid past due bills or claims for labor, materials, or services as a result of any construction contract or work undertaken by you or any organization in which you were or are currently a member? YES [ ] NO [ ]

10. Are there now any outstanding citations issued by the Contractors State License Board, liens, suits, or judgments of record or pending as a result of any construction contract or work undertaken by you or any organization in which you were or are currently a member? YES [ ] NO [ ]

11. Are there now any judgments or admitted claims against any bond or cash deposit required by Division 3, Chapter 9 of the Business and Professions Code? YES [ ] NO [ ]

(For the purpose of questions 9, 10 and 11 an obligation is not satisfied by the bar of the statute of limitations.)

If you answered "yes" to questions 9, 10 and/or 11, attach a detailed statement identifying the transaction (i.e., past-due bills, claims, suits, judgments of record or pending, or liens of record) and including the names and addresses of the parties involved. If the obligation was or is being discharged in bankruptcy attach a copy of the bankruptcy filing, including a copy of the creditors' list.

12. Have you ever been convicted of any offenses in this State, or elsewhere, other than traffic violations? YES [ ] NO [ ]

**If so, attach a detailed statement including the crime for which there was a conviction, the approximate date, the location, the sentence served, if any, and parole, if any.**

13. Have you, or any organization in which you were or are currently a member of the personnel, had a contractor's license or any professional or vocational license denied, suspended or revoked by this or any other state? YES [ ] NO [ ]

**If so, attach a detailed statement.** (For the purpose of this question, "denied" does not mean that one has previously failed an examination and "suspended" does not mean bond suspension or lack of qualifier suspension.)

14. **IMPORTANT: The following certification must be completed and signed by a current officer listed on CSLB records and by every new officer of the corporation. If no new officers are added, the signature of a current officer is still required.**

On \_\_\_\_\_ at \_\_\_\_\_, I certify under penalty of perjury under the laws  
Date-Mo/Day/Yr City County State  
of the State of California that all statements, answers and representations in this application, including all supplementary statements attached hereto, are true and accurate, and that I have reviewed the entire contents of this application.

Signature _____	Print Name _____
Signature _____	Print Name _____
Signature _____	Print Name _____
Signature _____	Print Name _____
Signature _____	Print Name _____
Signature _____	Print Name _____
Signature _____	Print Name _____
Signature _____	Print Name _____